

WEEKLY CONTAINER STORAGE AREA INSPECTION LOG

ITEM/WEEK	WEEK OF _____	WEEK OF _____	WEEK OF _____	WEEK OF _____	WEEK OF _____
Are containers in good condition, not leaking?					
Are containers closed when not in use?					
Are containers marked "Hazardous Waste" and date?					
Are container markings visible?					
Are containers stored longer than allowed? LQGs = 90 days SQGs = 180/270					
Are containers segregated according to waste type?					
Are containers of ignitable or reactive waste 50' from property line? (LQG only)					
Is there adequate aisle space?					
Is there spill control, safety, communication, and fire control equipment present?					
Name, date, and time of person performing inspection					
Corrective action taken (Use separate sheet as necessary)					

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